

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>MD</i>	<i>60080</i>	<i>12/10/99</i> <i>3/6/2000</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	✓	6/1/99
2	2	✓	7/1/99
3	3	✓	7/1/99
4	4	✓	7/1/99
5	5	✓	7/1/99
6	6	✓	7/1/99
7	7	✓	7/1/99
8	8	✓	7/1/99
9	9	✓	7/1/99
10	10	✓	7/1/99
11	11	✓	7/1/99
12	12	✓	7/1/99
13	13	✓	7/1/99
14	14	✓	7/1/99
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17	17	✓	7/1/99
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19	19	✓	7/1/99
20	20	✓	7/1/99
21	21	✓	7/1/99
22	22	✓	7/1/99
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25	25	✓	7/1/99
26	26	✓	7/1/99
27	27	✓	7/1/99
28	28	✓	7/1/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy